| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | 6 | 11-25 03 |
| RESPONSE FORMALITY REVIEW | | | |
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## INDEX OF CLAIMS

| | | | | |
|---|---|---|---|---|
| ✔ | .............................. Rejected | N | .............................. Non-elected |
| = | .............................. Allowed | I | .............................. Interference |
| — | (Through numeral)... Canceled | A | .............................. Appeal |
| ÷ | .............................. Restricted | O | .............................. Objected |

| Claim Final | Original | Date 10/6/03 | 11 3/17/04 | | | | | | | Claim Final | Original | Date | | | | | | | | Claim Final | Original | Date | | | | | | | |
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| 1 | 1 | ✔ | ✔ | | | | | | | 51 | 51 | | | | | | | | | | 101 | 101 | | | | | | | | |
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| 18 | 18 | | | | | | | | | 68 | 68 | | | | | | | | | | 118 | 118 | | | | | | | | |
| 19 | 19 | | | | | | | | | 69 | 69 | | | | | | | | | | 119 | 119 | | | | | | | | |
| 20 | 20 | | | | | | | | | 70 | 70 | | | | | | | | | | 120 | 120 | | | | | | | | |
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| | 50 | | | | | | | | | 100 | 100 | | | | | | | | | | 150 | 150 | | | | | | | | |

If more than 150 claims or 10 actions
staple additional sheet here

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